

ATTACHMENT I
REHABILITATION PROVIDER
CERTIFICATION FORM

NAME _____

ADDRESS _____

TELEPHONE # _____ TAX I.D.# _____

NATURE OF BUSINESS _____

BUSINESS ORGANIZATION _____
(sole proprietorship, partnership, corporation)

PRINCIPAL SERVICES _____

SPECIALTIES _____

OTHER BUSINESS LOCATIONS _____

by _____
signature of proprietor/partner

ATTACHMENT III
AFFIDAVIT OF QUALIFICATIONS

I, _____, as _____
name position

of _____, whose principal place of business is

located at _____
address of business organization

do hereby certify that the following _____ individuals are credentialed in
number

accordance with the provisions of 452 CMR 4.03 to provide vocational

rehabilitation services pursuant to M.G.L. c. 152, as demonstrated by the

attached curriculum vitae, certifications and licenses.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY this____day of

_____, 20____

by _____
signature of authorized corporate officer/proprietor/partner